

Summer Camp Information 2024

THEME

DATES

The World Around Us (Land, Air, Sea and how we can work with it).	Camp 1 June 10-14
Sports	Camp 2 June 17-21
Culture Week	Camp 3 June 24-28
Camp Surprise	Camp 4 July 1-3** <i>No Friday Lunch</i>
The Arts	Camp 5 July 8-12
Science	Camp 6 July 15-19
Intro to Cooking	Camp 7 July 29-Aug 2nd

***No Camp on July 4th and 5th (3 Day Mon. Tues. Weds only Camp)
There will not be a camp the week of July 22nd-26th.*

Summer Camp choices are either a 3 day camp Mon. Weds. Fri. or a 5 day camp Mon-Fri.

A Pre-Ordered and paid for optional Hot Lunch will be available on Friday of each camp. Lunch order forms must be turned in **NO LATER** than Wednesday of the camp attending, there will be **NO** exceptions as our food vendors require the counts in advance to order food.

Field Trip information and pricing will be available at a later date.

The School Bus can only accommodate 30 students.

Field Trips will be on a First Come First Served Basis. For 1st –5th Grade Students only.

Some activities will require additional completed Event Permission Forms to be able to participate.

The 1st camp that will be attended must be paid for at time of registration.

The balance of Camps 1-4 is due No Later than May 10th 2024

The balance of Camps 5-7 is due No Later than June 21st 2024



10555 Spring Cypress Road, Houston, TX 77070

Phone: 281 378 4080 email: taps@windwoodpc.org

Office Use Only

Reg. # _____ Date _____

Fees paid _____

Check# _____ Cash _____

Paperwork: HF HS SR

Summer Camp Enrollment Form 2024

2 Years Old — Entering 5th Grade (By Sept. 1st)

Please complete entire form, do not leave blanks. PRINT CLEARLY!

Child's Full Name Last: _____ First: _____ Middle: _____
 Date of Birth _____ Child's Age on June 1, 2024: _____ Gender: M / F
 Please Circle Grade entering 2024: Pre 2 Pre 3 Pre 4 K 1st 2nd 3rd 4th 5th
 Child's Home Address _____ City, State, Zip _____
 Child's Home Phone Number _____ Date of Admission _____

Mother's Full Name _____
 Mother's Home Phone Number _____
 Mother's Work Phone Number _____
 Mother's Cell Phone Number _____
 Mother's Address _____
 Mother's City, State, Zip _____
 Mother's Email Address _____
 Place of Employment _____

Father's Full Name _____
 Father's Home Phone Number _____
 Father's Work Phone Number _____
 Father's Cell Phone Number _____
 Father's Address _____
 Father's City, State, Zip _____
 Father's Email Address _____
 Place of Employment _____

Is there a custody order on file with the State of Texas? (circle) YES NO PENDING

**If circled YES, a current copy of your court order must be attached*

Attendance Summer Camps

My child will be in attendance. (9:00am—2:30PM)

____ Monday/Wednesday/Friday OR ____ Monday through Friday +++

+++ M-F class may be taught by more than one set of teachers

Before Care: 8:00 am-9:00 am _____

Mon. ____ Tues. ____ Weds. ____ Thurs. ____ Fri. ____

Extended Care: (Circle) 2:30 pm-4:30pm 2:30pm-6:00pm

Mon. ____ Tues. ____ Weds. ____ Thurs. ____ Fri. ____

Please check which Camps your child would like to attend.

Camp 1 June 10-14 _____ Camp 5 July 08-12 _____

Camp 2 June 17-21 _____ Camp 6 July 15-19 _____

Camp 3 June 24-28 _____ Camp 7 July 29-Aug 2 _____

Camp 4 July 1 - 3* _____

***No Camp on July 4th & 5th (3Day Camp Only)*

No Camp July 22-26

Remember to turn in the optional Hot Lunch Form if ordering.

The 1st regular camp that will be attended must be paid for at time of registration.

Tuition balance for Camps 1-4 is due No Later than May 10th 2024

Tuition balance for Camps 5-7 is due No Later than June 21st 2024

Children ages 4 by June 1st and up must be potty trained.

Field Trips for 1st-5th graders, information prices and forms will be available at a later date.

Parent or Legal Guardian Signature

Date

Student Name:

I understand that a morning snack will be served. If attending extended care an afternoon snack will also be served.

Parent Initial _____

Permissions (please circle)

I hereby give / do not give consent for my child to be transported and supervised by the operations employees for
(please circle all that apply) Emergency Care Field Trips (Using the School Bus)

Field Trips (Kindergarten maybe included in Field Trips if there are openings available)

I hereby give / do not give my consent for my child to participate in field trips (5 years old and up)

I hereby give / do not give my consent for my child to participate in water activities

(please circle all that apply) Sprinkler Play Splashing/Wading Pools Water Table Play

Parent Signature _____

Photo and Social Media Release

From time to time our staff may take photographs/videos for classroom/school and social media (School websites, Facebook, You Tube, Instagram) purposes. Your child's name will not be used on Social Media.

I Give ____ Do Not Give ____ my consent for the staff to take photographs/videos of my child.

Parent Initial: _____

Outside Employment

I understand that the staff at this facility are prohibited in participating in outside employment with parents.

Parent Initial _____

Social Networking with Staff

I understand that the staff at this facility are prohibited in participating in social networking activities with parents or children enrolled at the facility other than the school's Playground App. (Such as Facebook, Twitter, Instagram).

Parent Initial _____

I acknowledge receipt of the Parent Handbook of operational policies and procedures including those for discipline and guidance.

Parent Signature _____

Date _____

Your child is not considered to be enrolled and does not have a slot until the Tuition Fees are paid in full.

One weeks notice in writing is required if you withdraw your child.

Please note, only one camp change will be allowed free of charge. Any further changes will be assessed a \$25 fee.

Children who turned 4 by June 1st 2024 must be potty trained.

We are unable to accept New Students that require an EpiPen for severe allergies.

We cannot guarantee which teacher your child may have, as different teachers work each Camp.

Fees are NON-REFUNDABLE for any reason.

Parent or Legal Guardian Signature

Date



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Authorization for Emergency Medical Care Summer Camps 2024

Authorization for Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take: **Child's Name** _____ **Date of Birth** _____

to:

Name of Physician _____ **Emergency Care Facility** _____

Address _____ **Address** _____

Phone _____ **Phone** _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature of Parent _____ **Date** _____

Special Needs

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, and medication prescribed for long term continuous use, and any other information which caregiver's should be aware of: _____
If not applicable, initial here _____

Does the child require an Epipen for allergies: Yes ___ No ___ (See Handbook.)

Signature of Parent _____ **Date** _____

Emergency Contact and Authorization to pick up *Please list local individuals to contact in the event of an emergency*

Full Legal name as on their ID is required. **REL-Relationship to child (Grandma. Caregiver, uncle etc.)**

Name _____ REL _____ Phone _____

Name _____ REL _____ Phone _____

Name _____ REL _____ Phone _____

Name _____ REL _____ Phone _____

Name _____ REL _____ Phone _____

Name _____ REL _____ Phone _____

Children that currently attend other schools or are enrolled at The Adventure Preschool or Kardia Academy

My child attends the following school and his/her required immunization record is on file at the school and all the required immunizations and /or tuberculosis test are current. Vision and Hearing screening records are also on file.

Name of School: _____ Phone # _____

Parent Signature: _____ **Date:** _____



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Physician's Statement 2024

Name of Child _____ Date of Birth _____

I have examined the above child within the past year and find that he/she is able to take part in the preschool program.

Health Care Professional Name _____
 Address _____ City _____ State _____ Zip _____
 Signature _____ Date _____

Age > Vaccine √	0-2 mths Date Given	By 3mths Date Given	By 5mths Date Given	By 7 mths Date Given	By 16 mths Date Given	By 19 mths Date Given	By 25mths Date Given	By 43 mths Date Given	By 43 mths Date Given	By 59 mths Date Given
Hepatitis B										
Rotavirus										
Diphtheria, Tetanus, Pertussis										
Haemophilus Influenza type B										
Pneumococcal										
Inactivated Polio										
Influenza										
Measles, Mumps Rubella										
Varicella										
Hepatitis A										
Meningococcal										

TB Test (if required) please circle Positive Negative Date _____

Signature or Stamp of a physician or public health personnel verifying immunization information above.

Signature _____ Date _____

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella (chickenpox) on or about (date) _____

Parent Signature _____ Date _____

Complete ONLY if Applicable

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official affidavit form developed and issued by the Dept. of Health Services. I understand that this affidavit is valid for 2 years. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

Parent Signature _____ Date _____



Summer Camp 2024

Friday Optional Lunch Payment Form

Student: _____ Age: _____
As of Sept. 1st, 2024

Payment:

Cost is \$7 per lunch and **Must** be ordered no later than the Wednesday of the camp attended. Late orders cannot be accepted as our vendors require the totals several days prior to the Friday.

Each camp will serve one of the following: Pizza, Cane’s Chicken, Soft Beef Tacos, Hamburgers, or Grilled Cheese. You will be notified at a later date which meal is being offered for each camp.

Please check which Camps your child would like to have Friday Lunch

Camp 1 June 10-14 _____ Camp 5 July 08-12 _____

Camp 2 June 17-21 _____ Camp 6 July 15-19 _____

Camp 3 June 24-28 _____ Camp 7 July 29–Aug 2 _____

Camp 4 July 1 - 3* No Lunch this Camp.

**No Camp on July 4th & 5th (3 Day Camp Only)
No Camp July 22nd-26th

Payment Received: _____